

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate Kelvin E. Butler  
Address 116 Robb St. Magnolia, MS 39652 County PIKE  
Telephone (Work) \_\_\_\_\_ (Home) 601-783-2706 (Fax) 601-783-3668  
Contact Name DAVID KNOX JR. Email Address KNOXalpha06@aol.com  
Office Sought STATE SENATE DIST 38 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

\_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
\_\_\_ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>6,000.00 + \$ 850.00</u>	<u>\$ 6,850.00</u>	<u>\$ 6,850.00</u>
Total amount of disbursements \$	<u>4,615.37 + \$ 2,400.71</u>	<u>\$ 7,016.08</u>	<u>\$ 7,016.08</u>
Total amount of cash on hand \$		<u>28.67</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Kelvin E. Butler  
(Signature of Candidate)

1-27-09  
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED

JAN 29 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee Kelvin E. Butler Page 1 of 4  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Hospitality Assoc. + Restaurant</u>		<u>5/1/08</u>	\$ <u>1000.00</u>
Mailing Address <u>130 Riverview Drive Suite A</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jerry Stogner</u>		<u>5/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>601. Pearl River Ave.</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>McComb, MS 39648</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Worth Thomas Assoc.</u>		<u>5/2/08</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 774</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edgar Lewis</u>		<u>5/18/08</u>	\$ <u>500.00</u>
Mailing Address <u>1059 New Home Rd.</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>McComb, MS 39648</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required)		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee Kelvin E. Butler Page 2 of 4  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Weyerhaeuser</u>		<u>5/27/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9769</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Federal Way, WA 98063-9769</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Corp.</u>		<u>7/3/08</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 9034</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Concord, CA 94524</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/15/08</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church St.</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT &amp; T Mississippi</u>		<u>9/30/08</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capital Street</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Kelvin E. Butler  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WB Consolidated</u>	<u>5/22/08</u>	\$ <u>400.00</u>
Mailing Address <u>770 N. West Street</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tom Wallace DBA Development</u>	<u>5/22/08</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 20073</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39289</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edgar Lewis</u>	<u>5/18/08</u>	\$ <u>500.00</u>
Mailing Address <u>1059 New Home Rd.</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Mc Comb, MS 39648</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EN PAC</u>	<u>5/14/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee

Kelvin E. Butler

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Reporting period

1-1-08

through

12-31-08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		4/22/08	\$ 500.00
Mailing Address		2/11/08	\$ 200.00
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 700.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Kelvin E. Butler  
 Reporting period 1-1-2008 through 12-31-08

## ITEMIZED DISBURSEMENTS

A. Full name <u>MPIC</u>	Date (Mo., Day, Year) <u>2/11/08</u>	Amount of each disbursement this period \$ <u>225.00</u>
Mailing Address <u>P.O. Box 88550</u>	<u>2/11/08</u>	\$ <u>225.00</u>
City, State, Zip Code <u>Pearl, MS 39208</u>	<u>11/26/08</u>	\$ <u>460.10</u>
Purpose of Disbursement (Optional) <u>Christmas CARDS &amp; Note Books</u>	Aggregate Year-to-date	\$ <u>685.10</u>
B. Full name <u>National Hole-IN-ONE Assoc.</u>	Date (Mo., Day, Year) <u>4/28/08</u>	Amount of each disbursement this period \$ <u>206.00</u>
Mailing Address <u>1840 N. Greenville Ave. St. 178</u>	<u>4/28/08</u>	\$ <u>206.00</u>
City, State, Zip Code <u>Richardson, TX 75081-1898</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Policy for Golf Tour.</u>	Aggregate Year-to-date	\$ <u>206.00</u>
C. Full name <u>Quail Hollow Golf Course</u>	Date (Mo., Day, Year) <u>5/22/08</u>	Amount of each disbursement this period \$ <u>921.20</u>
Mailing Address <u>1102 Percy Quinn Dr.</u>	<u>5/22/08</u>	\$ <u>921.20</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Golf Tour.</u>	Aggregate Year-to-date	\$ <u>921.20</u>
D. Full name <u>Kelvin Butler</u>	Date (Mo., Day, Year) <u>5/20/08</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>116 Robb St.</u>	<u>5/20/08</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Magnolia, MS 39652</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Reimbursement from (4/22/08)</u>	Aggregate Year-to-date	\$ <u>500.00</u>
E. Full name <u>Kelvin Butler Education Foundation</u>	Date (Mo., Day, Year) <u>7/7/08</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>116 Robb St.</u>	<u>7/7/08</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Magnolia, MS 39652</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>300.00</u>
F. Full name <u>S + K Menwear</u>	Date (Mo., Day, Year) <u>7/28/08</u>	Amount of each disbursement this period \$ <u>428.00</u>
Mailing Address <u>6380B Ridgewood Ct. DR.</u>	<u>7/28/08</u>	\$ <u>428.00</u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>clothing</u>	Aggregate Year-to-date	\$ <u>428.00</u>



Name of Candidate or Committee Kelvin E. Butler  
Reporting period 1-1-08 through 12-31-08

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Postage Savers</u>	<u>12/9/08</u>	\$ <u>310.00</u>
Mailing Address		
<u>P.O. Box 31175</u>	<u>12/15/08</u>	\$ <u>212.18</u>
City, State, Zip Code		
<u>Jackson, MS 39286</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>522.18</u>
<u>MAILBOX</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>US Post office</u>	<u>11/25/08</u>	\$ <u>289.00</u>
Mailing Address		
<u>205 Magnolia St.</u>	<u>11/26/08</u>	\$
City, State, Zip Code		
<u>Magnolia, MS 39652</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>289.00</u>
<u>Postage</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The C Store</u>	<u>11/5/08</u>	\$ <u>763.89</u>
Mailing Address		
<u>100 Bay Street</u>	<u>11/28/08</u>	\$
City, State, Zip Code		
<u>Magnolia, MS 39652</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>763.89</u>
<u>gasoline</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$